

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030839

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

2070

STATE FILE NUMBER

FILED JUL 22 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

St. Louis County

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Kirkwood

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

ST. LOUIS

c. CITY
OR
TOWN

Kirkwood

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

St. Louis County Hosp.

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

8177 Waring

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
Effie

Middle
T

Last
Norris

4. DATE
OF
DEATH

Month Day Year
June 27, 1963

5. SEX

Female

6. COLOR OR RACE
Negro

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

18 Apr 1919

9. AGE (last birthday)

45

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Ark

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Simie Wilder

13b. MOTHER'S MAIDEN NAME

Ethel Walker

14. NAME OF HUSBAND OR WIFE

Willie Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address
Willie Norris 8177 Waring

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac failure

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Rheumatic heart disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-6-1963 to 6-27-1963 and last saw her alive on 6-27-1963
Death occurred at 11:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

L.G. Hemmen

(Degree or title)

22b. ADDRESS

601 So. Brentwood, Clayton

22c. DATE SIGNED

6-27-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4 July 63

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

ST. LOUIS COUNTY Mo.

(State)

24. FUNERAL DIRECTOR

Harris-Boyd

ADDRESS

3706 Finney

25. DATE RECD. BY LOCAL REG.

6-29-63

26. REGISTRAR'S SIGNATURE

John M. Murphy

USE BLACK INK

OR

TYPEWRITER RIBBON

FEB 11 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Henry Corleau

Licensed Embalmer No. 4781

P. O. Address 1205 Wallon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.